

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
05 DEC 16 PM 3:44  
FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Friends for Porter Committee</b>						Registration Number, if PAC					
Full Name of Candidate <b>Jeffrey D. Porter</b>											
Street Address <b>2528 Bloxom St.</b>						Office Sought <b>Fr. Cty. Muni Ct. Judge</b>			District		
City <b>Grove City</b>						State <b>O H</b>		Zip Code <b>43123</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July		August		September		Termination		Semiannual		
	Monthly		Monthly		Monthly						
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M <b>1 1</b>		D <b>0 8</b>	
								Y <b>0 5</b>			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 624.30
2. Total monetary contributions (From Form No. 31-A)	\$ 3,495.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 4,119.30
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,500.00
6. Balance on hand (line 4 minus line 5)	\$ 2,619.30
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 2,000.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Print Name and Title (Treasurer and Deputy Treasurer only) <b>Laurel Beatty</b>		Signature <b>Laurel Beatty</b>		Date <b>12/16/05</b>	
Contribution pages <b>2</b>	Expenditure pages <b>2</b>	Other pages <b>1</b>	Total pages <b>6</b>		

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Porter</b>							
Full Name of Contributor <b>George Calloway</b>					Registration Number, if PAC		
Street Address <b>5764 Old Trail Ct.</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43213</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Marlene Lynn</b>					Registration Number, if PAC		
Street Address <b>7725 Kelvinway Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43085</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>20.00</b>
Full Name of Contributor <b>George McCue</b>					Registration Number, if PAC		
Street Address <b>4598 Bridle Path Lane</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Emma VanMeter</b>					Registration Number, if PAC		
Street Address <b>Box 1032, 49 Vanmeter Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Piketon</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>45661</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>25.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends for Porter</b>									
To Whom Paid <b>Jeff Porter</b>						M <b>1</b>	D <b>1</b>	Y <b>5</b>	Amount <b>1,500.00</b>
Address <b>2528 Bloxom St.</b>				Purpose <b>reimbursement of loan</b>					
City <b>Grove City</b>				State <b>O</b>	H <b>H</b>	Zip Code <b>43230</b>		Check Number <b>134</b>	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount



# Statement of Political Party Restricted Fund Deposits

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Porter</b>									
Name of Donor <b>Franklin County Democratic Party</b>						Registration Number, if PAC			
Street Address <b>271 E. State St.</b>								Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O H</b>		Zip Code <b>43215</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>3,000.00</b>
Name of Donor						Registration Number, if PAC			
Street Address								Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
Name of Donor						Registration Number, if PAC			
Street Address								Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
Name of Donor						Registration Number, if PAC			
Street Address								Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
Name of Donor						Registration Number, if PAC			
Street Address								Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
Name of Donor						Registration Number, if PAC			
Street Address								Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
Name of Donor						Registration Number, if PAC			
Street Address								Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
Name of Donor						Registration Number, if PAC			
Street Address								Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount

Note: If committee received deposits from corporations or labor organizations, report must be filed electronically with secretary of state.

Event Date	
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# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends for Porter</b>								
To Whom Paid <b>Postmaster</b>					M	D	Y	Amount
					1	0	2	4
					0	5	4,378.14	
Address <b>850 Twin Rivers Dr.</b>				Purpose <b>postage</b>				
City <b>Columbus</b>				State <b>O</b>	H	Zip Code <b>43215</b>	Check Number <b>129</b>	
To Whom Paid <b>North End Press</b>					M	D	Y	Amount
					1	0	2	4
					0	5	2,183.86	
Address <b>235 S. Columbus St.</b>				Purpose <b>printing</b>				
City <b>Lancaster</b>				State <b>O</b>	H	Zip Code <b>43130</b>	Check Number <b>130</b>	
To Whom Paid <b>Buckeye Printing</b>					M	D	Y	Amount
					1	0	2	6
					0	5	1,030.52	
Address <b>217 N. Grant Ave.</b>				Purpose <b>printing</b>				
City <b>Columbus</b>				State <b>O</b>	H	Zip Code <b>43215</b>	Check Number <b>131</b>	
To Whom Paid <b>Hampton Inn &amp; Suites</b>					M	D	Y	Amount
					1	1	0	1
					0	5	279.17	
Address <b>501 N. High St.</b>				Purpose <b>election night room</b>				
City <b>Columbus</b>				State <b>O</b>	H	Zip Code <b>43215</b>	Check Number <b>132</b>	
To Whom Paid <b>Tim Woodard</b>					M	D	Y	Amount
					1	1	0	4
					0	5	250.00	
Address <b>1089 Bloxom St.</b>				Purpose <b>election night food</b>				
City <b>Grove City</b>				State <b>O</b>	H	Zip Code <b>43123</b>	Check Number <b>133</b>	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State	H	Zip Code	Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State	H	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>8,121.69</u>
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# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Friends for Porter</b>									
To Whom Owed <b>Service Employees International Union</b>						Prior Amount <b>2,000.00</b>		Amt. Incurred this Period	
Address <b>1395 Dublin Rd.</b>						Item or Purpose for Debt <b>auto calls</b>		Outstanding Balance <b>2,000.00</b>	
City <b>Columbus</b>				State <b>OH</b>		Zip Code <b>43215</b>		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				1	1	0	1	0	5
Registration Number, if PAC						M	D	Y	\$
									0.00
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	\$
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	\$
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	\$

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 2,000.00 (also record on cover page)